## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail  MAY 1 2 2005  or Eax				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000			
	a should be used for transf	mitting the ISSI		` '	quired). Blocks 1 through 5 s	hould be completed where	
appropriates All further chir indicated unless contents to	Espondence including the Pa elow or directed otherwise i	atent, advance on Block 1, by (a	rders and notificatio a) specifying a new	n of maintenance fees correspondence addre	quired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for	
maintenance fee notification CURRENT CORRESPONDENCE	S. E ADDRESS (Note: Use Block 1 for an	y change of address)		Note: A certificate	of mailing can only be used for	or domestic mailings of the	
7590 · 02/25/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
David A. Lundy KRIEG DEVAULT LUNDY LLP 825 Anthony Wayne Bldg. 203 E. Berry St.				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
Fort Wayne, IN 46802				Lisa W. Mullendore (Depositor's name)			
05/13/2005 WAB	DELR3 00000047 107171	53		Sysa Il Nullendow (Signature)			
01 FC:2501 700.00 OP				May 10, 2005 (Date)			
APPLYEATION NO.	FILING DATE	30.00 8P FIRST NAMED INV		NTOR ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/717,153	11/19/2003	11/19/2003 Jack E. Warner			WARJ-1	6747	
TITLE OF INVENTION: AS	SISTED HYDRAULIC SYS	TEM FOR MO	VING A STRUCTUI	RAL MEMBER			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	)	\$0	\$700	05/25/2005	
EXAMINER ART U			VIT C	CLASS-SUBCLASS			
LESLIE, MICHAEL S 374			5	092-134000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate a	assignee category or categoric	es (will not be pr	inted on the patent):	☐ Individual ☐	Corporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
				edit card. Form PTO-2038 is attached.			
Advance Order - # of C	Deposit Account No	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to eposit Account Number 12-2424 (enclose an extra copy of this form).					
5. Change in Entity Status (1) a. Applicant claims SM	from status indicated above) IALL ENTITY status. See 37	CFR 1.27	b. Applicant is n	o longer claiming SM.	ALL ENTITY status. See 37 CI	FR 1.27(g)(2).	
The Director of the USPTO is NOTE: The Issue Fee and Pul interest as shown by the recor	requested to apply the Issue Dication Fee (if required) will do of the United States Paten	Fee and Publica I not be accepted and Trademark			sly paid issue fee to the applica gistered attorney or agent; or th		
Authorized Signature WWW			4	Date May 10, 2005			
Typed or printed name				Registration No. 22,162			
an application. Confidentiality submitting the completed app this form and/or suggestions t Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14	y is governed by 35 U.S.C. I. illication form to the USPTO. For reducing this burden, shou ia 22313-1450. DO NOT SE 450.	Time will vary lid be sent to the	depending upon the Chief Information (COMPLETED FORM	is estimated to take 12 individual case. Any of officer, U.S. Patent and AS TO THIS ADDRES	the public which is to file (and minutes to complete, includin comments on the amount of tin d Trademark Office, U.S. Depa SS. SEND TO: Commissioner is t displays a valid OMB control	g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450,	